

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5070

BIRTH NO. <u>20941-50</u>		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5070</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>11</u> days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Conley Maternity Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>733 Highland</u>		<u>3150</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Pesnell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (Specify) <u>NEVER MARRIED</u> WIDOWED, DIVORCED, ---		8. DATE OF BIRTH <u>Nov. 21, 1950</u>	
9. AGE (In years last birthday) <u>11</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Basil Thurston Pesnell</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Mary Horn</u>		14. NAME OF HUSBAND OR WIFE ---			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B.T. Pesnell, 733 Highland, K.C. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular paroxysmal tachycardia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus pneumonia</u> DUE TO (c) <u>Associated with prematurity</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>76 35</u>	
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION ---				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ---			
22. I hereby certify that I attended the deceased from <u>Nov. 21, 1950</u> , to <u>Dec. 1, 1950</u> , that I last saw the deceased alive on <u>Dec. 1, 1950</u> , and that death occurred at <u>12:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Luther W. Swift</u> (Degree or title)				23b. ADDRESS <u>2105 Independence Ave</u>		23c. DATE SIGNED <u>12/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-1-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elders'n Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elders'n Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-1-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Passarino Bros</u>		ADDRESS <u>14 C Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Francis Walton

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*

P. O. Address *12 C ms*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.